**Cash Income Statement**

March 28, 2017

Applicant’s Full Legal Name

Applicant’s SSN [If applicable]

Applicant’s DOB

Applicant’s member ID [If applicable]

Street Address

City, State, Zip Code

Phone Number

E-mail Address [If applicable]

To Whom It May Concern:

I, (insert applicant’s full legal name) , am writing you this letter as proof of my income because I am paid in cash and have no pay stubs and do not file taxes. I work as a (insert applicant’s occupation) and I make $ (insert cash amount) every (insert frequency of pay). I work (insert hours worked) per week.

Thank you so much for your help.

Thank you,

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 Applicant Signs Here Applicant’s Name Here  Today’s Date

Fax to 1-857-323-8300;

or

Mail to:

**Health Insurance Processing Center**

P.O. Box 4405

Taunton, MA 02780